

# Work Order ID 85679

**\*85679\***

Page 1

Wednesday, June 13, 2012 4:12:41 PM

Item ID: D412-705-019 Accept **\*N9000040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: C-Box Oil Cooler Line Access  
 Start Date: 6/13/2012 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 6/14/2012 Req'd Qty: 1.00 **\*1\*** Customer: CU-DAR001  
 Reference: RMA RA111377 - RETURN

Approvals: Process Plan: UMF Date: 12-06-13 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
IIN D412-705	Rev C

100

0.00

**\*100\***

QC

Quality Control

Memo

0.00

INSPECT RA 111377 D412-705-019 X 1 B 61003

CHG002

BOX WAS NOT DAMAGE  
 ENSURE KIT IS COMPLETE  
 ADD NEW PAPERWORK  
 ID AND STOCK UNDER NEW BATCH NUMBER

MLJ 12/06/14

110

Identify as per dwg & Stock Location: 0/2

0.00

**\*110\***

Packaging

Packaging

Memo

0.00

ID AND STOCK UNDER NEW BATCH NUMBER

12/26/14

CHG 002

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 85679****\*85679\***

Page 2

Item ID: D412-705-019

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: C-Box Oil Cooler Line Access

Stop **\*NS2\***

Start Date: 6/13/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 6/14/2012 Req'd Qty: 1.00

**\*1\***

Customer: CU-DAR001

Reference: RMA RA111377

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

QC21- Final Inspection - Work Order Release

0.00

**\*120\***

QC

Memo

0.00

Quality Control

12/6/13

ME  
12-06-14

# Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

Wednesday, June 13, 2012 4:12:40 PM

Page 1

Work Order ID: 85679

Parent Item: D412-705-019

Parent Item Name: C-Box Oil Cooler Line Access

Start Date: 6/13/2012

Required Date: 6/14/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:D Removed Manufacturing 06-06-28 JLM  
IPP Rev:E ECN 1052 07-11-06 DD verified by: EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D412-705-019		Manufactured	No				Each	7.0000		1			
C-Box Oil Cooler Line Access													

Location

Loc Qty

Loc Code

FG010

7

61003

2

81550

4

84556

1

1 x 61003 MF 12-06-13

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries